

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



---

**Notice of Independent Medical Review Determination**

Dated: 12/18/2013

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/2/2013  
Date of Injury: 5/6/2008  
IMR Application Received: 7/18/2013  
MAXIMUS Case Number: CM13-0002112

- 1) MAXIMUS Federal Services, Inc. has determined the request for **DME purchase wheeled walker w/hand brakes & seat is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Norco #60 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Lidoderm patches is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **urine drug screen is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **DME purchase wheeled walker w/hand brakes & seat** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Norco #60** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Lidoderm patches** is not **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **urine drug screen** is **medically necessary and appropriate**.

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

This is a 45 year old male, that injured his lower back on 5/6/08 from bending and lifting to move an oil pipe from a trench. He underwent back surgery in 2008, PLIF L4-S1 with residual right-radiculopathy. He has neck pain, and upper extremity radiculopathy, as well as right shoulder impingement, and psychiatric issues and prior History of aggressive hemangioma in the head for which he underwent 6 surgeries. He had a prior w/c injury over 10 years ago, that required back surgery.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for DME purchase wheeled walker w/hand brakes & seat :**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, (ODG), Knee and Leg (Acute & Chronic), which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, (ODG), Knee Chapter, which is not part of the MTUS.

Rationale for the Decision:

MTUS Guidelines did not specifically mention walkers. ODG states these are for conditions that affect both legs. The records show the employee has right-sided cervical and lumbar radiculopathy. There is no rationale provided for a walker. The employee appears to be able to ambulate with a cane, there is no discussion of knee or lower extremity injury resulting in giving way, instability, stumbling or falling or foot-drop. The need for a walker did not appear to be in the future medical section of ██████████ report as commented on by Dr ██████████ on 5/21/13. In fact, Dr ██████████ report did not state there was a future need for a walker on the 5/21/13 report, but did state there should be provisions for a replacement cane. **The request for DME purchase wheeled walker w/hand brakes & seat is not medically necessary and appropriate.**

**2) Regarding the request for Norco #60 :**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Pain Outcomes and Endpoints, pgs 8-9, and Long Term Opioid Use, pgs 88-89, which is part of the MTUS.

Rationale for the Decision:

MTUS states assessment of treatment efficacy is accomplished by reporting functional improvement. In the case of opioid medications, a satisfactory response may be the patient's decreased pain, or improved function or improved quality of life. For long-term users of opioids, MTUS states assessment of pain should be on each visit and function should be measured at 6-month intervals using a numeric scale. In this case, the medical record reflects that the employee has been monitored by Dr ██████████ since early 2010. There is no reporting of a satisfactory response or improvement with Norco. **The request for Norco #60 is not medically necessary and appropriate.**

### 3) Regarding the request for Lidoderm patches :

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section on Lidoderm Patch, pgs 56-57, which is part of the MTUS.

#### Rationale for the Decision:

MTUS Chronic Pain Guidelines indicate that the Lidoderm Patch is not to be used as a first line therapy. and there is no reporting on trials of antidepressants or anticonvulsants, therefore this cannot be verified to be in accordance with MTUS.

As noted above, the reporting on medication efficacy is missing from the records available. The medications prescribed are in a check-box format. There was no indication that the employee meets the MTUS criteria for a Lidoderm patch, since it is difficult to tell if there was a prior trial of AEDs, TCAs or even SNRIs for neuropathic pain and whether or not the Lidoderm patch was used as a first-line therapy. **The request for Lidoderm Patches is not medically necessary and appropriate.**

### 4) Regarding the request for urine drug screen :

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the the Chronic Pain Medical Treatment Guidelines, Section on Drug Testing, pg 43, which is part of the MTUS.

#### Rationale for the Decision:

MTUS clearly supports drug testing for on-going management when prescribing Opioids to assess for dependence & addiction, and misuse. In this case, the available records show one UDS being performed in 2013. The employee was reported to be prescribed Norco and so this appears to be in accordance with MTUS guidelines. **The request for urine drug screening is medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/pas

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.